



Sales Manager-_____

APPLICATION FOR CREDIT**BUSINESS CONTACT INFORMATION**Company name or Individual (**Bill to**):

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Ship to address: (**if different**):

City:

State:

ZIP Code:

Phone:

Fax:

Email:

BUSINESS AND CREDIT INFORMATION

(THE FOLLOWING INFORMATION MUST BE PROVIDED AND IS STRICTLY CONFIDENTIAL)

Ownership: (Please select one)

Individual Corporation Partnership Division

How long in business?

Social Security/EIN #

Federal Tax ID#-

PLEASE LIST PRINCIPALS BELOW:**1) Name:**

Phone:

Complete Address:

2) Name:

Phone:

Complete Address:

3) Name:

Phone:

Complete Address:

4) Name:

Phone:

Complete Address:

Have you declared bankruptcy in the last 3 years?

If Yes When?

Current Status?

BANK INFORMATION

Bank name:

Contact Name:

Complete Address:

Phone:

Fax:

E-mail:

Type of account: Checking Savings Other

Account Number-

TRADE REFERENCES (Please list 5)**1) Business Name:**

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

2) Business Name:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

3) Business Name:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

4) Business Name:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

5) Business Name:

Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

AGREEMENT**Customer Signature**

We certify that all of the information on this form is correct. We fully understand your credit terms and agree to proper payment on consideration of credit extended. If credit is established, Craft Oil reserves the right to adjust or revoke this line of credit at any time. There is a one and one half percent finance charge on all past due amounts. **Our Standard Terms are 1% 10 net 30.** Signature below authorizes the above bank and trade references to provide credit information to **Craft Oil Corp.**

Signed _____

Title _____

Date _____

Craft Use Only :Approved Denied

By: _____

Date: _____